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7590

07/08/2004

Scully, Scott, Murphy & Presser  
400 Garden City Plaza  
Garden City, NY 11530Pfizer, Inc.  
301 Henrietta Street  
Kalamazoo, MI 49007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Jennifer S. Naylor (Depositor's name)  
Jennifer S. Naylor (Signature)  
October 4, 2004 (Date)

10/19/2004 CNGUYEN1 00000017 210718 09918152

01 FC:1501 1370.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/918,152	07/30/2001	Desmond John Best	PC10947A	2963

TITLE OF INVENTION: A NOVEL PROCESS FOR THE PREPARATION OF CEPHALOSPORIN COMPOUNDS AND SYNTHETIC INTERMEDIATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>\$1330</del> \$1370	\$300	<del>\$1630</del> \$1670	10/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BERCH, MARK L	1624	540-205000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lorraine B. Ling

2 Martha G. Munchhof

3 Lance Y. Liu

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pfizer Inc.

New York, New York 10017

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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